

FALL 2020 CSUF STUDENT APPLICATION

Associated Students Inc., CSUF Children's Center
P.O. Box 6828
Fullerton, CA 92834-6828
Phone: 657-278-2961 Fax: 657-278-5641
<https://asi.fullerton.edu/childrens-center>



Important:

- Fall 2020 Priority Application Deadline: 6/15/2020 ■ New application required each semester.
- Incomplete applications will not be processed. Please provide all of the requested information accurately.

Date of Application: ____/____/2020

Child: _____ Male _____ Female _____

Address: _____ Age _____ Birthdate ____/____/____

City _____ State _____ Zip _____ Home Phone: ____/____/____

Parent 1: _____ Lives at home with child? _____

CWID # _____ Cell Phone ____/____/____ Work Phone ____/____/____

Email (print clearly) _____

Parent 2: _____ Lives at home with child? _____

CWID # _____ Cell Phone ____/____/____ Work Phone ____/____/____

Email (print clearly) _____

What is (are) your child's home language(s)? _____

Are there any special accommodations we will need to make to meet your child's needs? _____

Siblings for whom a child care application is also being submitted. (MUST submit a separate application for each child.)

Name: _____ Age: _____ Name: _____ Age: _____

Parent 1 and/or 2: CSUF Graduate Student _____ CSUF Undergraduate _____ CSUF Teaching Credential Program _____

Class standing as of last grade posting: Freshman _____ Sophomore _____ Junior _____ Senior _____

of enrolled units for Fall 2020 semester: _____ Anticipated date of graduation ____/____/____

Vocational/Professional goal (I plan to be a): _____ Are you a veteran of the armed services? _____

Do you receive Financial Aid? _____ *If yes, submit a copy of your Financial Aid award letter with application.

Priority for spaces at the Children's Center depends upon various factors, such as timeliness of application, date of entry on waiting list, family size and income. In addition, the amount of space available in each age range, day, and hours will be taken into consideration.

Complete the information in the box below if you think you might qualify for our state-subsidized program, based on family size and income. Attach copies of your two most recent paycheck stubs and a copy of your most recent financial aid award letter. Please also attach any explanations that will help us understand your income and family size.

Names of ALL persons Residing in Household, including Child/ren	Age	Relationship to Child(ren)	Employer/Source of Income	Frequency of Pay: (Weekly, 2 Weeks, Twice a Month, Monthly, Varies?)	Gross Income per Pay Period (including tips and BEFORE deductions)

Continue Application on Back Side



Child's Name _____

FOR OFFICE USE ONLY:

Age _____ Room _____ Rank _____ CDD _____

Family Size _____ Monthly Income _____ Wait List Date _____ Application Date _____

Sibling(s) and Room(s) _____

Date Admitted _____

Wait List Card _____

CDD Appt _____

Teacher Intake Appt _____

COMPLETE THIS SECTION IN FULL

	Specific Class Times (List specific start and ending times of all of your classes)	Study Time (non-class time)	Intern/Work Time (on or off campus?)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

CIRCLE THE DAYS AND TIMES YOU ARE REQUESTING CHILD CARE

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Arrival Time (Circle One)	Departure Time (Circle One)	Arrival Time (Circle One)	Departure Time (Circle One)	Arrival Time (Circle One)	Departure Time (Circle One)	Arrival Time (Circle One)	Departure Time (Circle One)	Arrival Time (Circle One)	Departure Time (Circle One)
7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm	7:30am	12:30pm
8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm	8:30am	4:00pm
9:30am	6:00pm	9:30am	6:00pm	9:30am	6:00pm	9:30am	6:00pm	9:30am	5:15pm
12:30pm		12:30pm		12:30pm		12:30pm		12:30pm	

Please mark with an * any times that are flexible for you and explain here.

I certify that all information provided on and with this application is true and correct.

Parent Signature: _____

Date: _____